



Simsbury Police Department

933 Hopmeadow Street

Simsbury, CT 06070



NICHOLAS J. BOULTER
CHIEF OF POLICE

2019 JUNIOR POLICE ACADEMY APPLICATION FORM

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

EMAIL: _____

PARENT'S/GUARDIANS NAME: _____

ADDRESS: _____

PHONE NUMBERS (WORK/HOME/CELL): _____

PLACE OF EMPLOYMENT: _____

NUMBER ATTENDING PICNIC/GRADUATION: _____

T-SHIRT SIZE OF CADET (Adult Sizes): S M L XL XXL (PLEASE CIRCLE ONE)

Please explain why you wish to enroll in the Junior Police Academy:

Please list any medical concerns that would prohibit you from participating in physical fitness activities and minor physical contact during the “**hands on**” portion of the problem:

Organizations with which you were involved and any awards or recognition you have received:

Please complete and return to the Simsbury Police Department by May 30th. If you have any questions please contact SRO Todd Kushman at 860-658-3171 or SRO Jeremy Cormier at 860-658-3170.

SIGNATURE: _____ DATE: _____

PARENT SIGNATURE: _____ DATE: _____

Note: The determination of medical restriction is your responsibility. Seek competent medical advice about any condition which may cause concern. Your signature releases the Simsbury Police Department from liability.

Photo / Video Release

The Simsbury Police Department would like permission to release photographs/videotape of your son or daughter while they are at the Simsbury Junior Police Academy. These photographs/videotaping may be released to a television network, to the newspapers or for educational purposes, including the Simsbury Police Department website (www.townofsimsbury.com) and social media.

Your permission is required for the release of this photography/taping and/or their name. Photographs may have captions describing the photograph and the academy. With your permission these captions may include your child's name. Please sign and return the form below. Check each box that applies.

I give permission for the release of the following:

Photograph(s) ☐

Video ☐

Both ☐

None ☐

I give permission for the release of my child's name: Yes ☐ No ☐

Name of Cadet (print): _____

Parent/Guardian name (print): _____

Parent/Guardian signature: _____ Date: _____